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MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-045844

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

27

Primary Registration District No.

5098

Registrar's No.

230

FILED DEC 26 1962

1. PLACE OF DEATH

a. COUNTY
Batesb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Summitt Twp.Length of stay in 1b
15 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Butler R.F.D. 1Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Bates

c. CITY
OR
TOWN ButlerInside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
R.F.D. 1Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
Hazel Alta Anderson4. DATE OF DEATH
Month Day Year
Dec. 20, 19625. SEX
Female6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
1-16-19079. AGE (last birthday)
55IF UNDER 1 YEAR
Months Days Hours Min.IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Homemaker10b. KIND OF BUSINESS OR INDUSTRY
Home11. BIRTHPLACE (City and state or country)
Friend, Nebraska12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Andrew Sircin

13b. MOTHER'S MAIDEN NAME

Bessie

14. NAME OF HUSBAND OR WIFE

Leslie Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Leslie Anderson Butler, Mo. Rt. 118. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.Intestinal Obstruction.
Carcinoma of Colon
with metastasis.INTERVAL BETWEEN
ONSET AND DEATHAug 15-62
(diagnosed)
at surgeryPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 30, 1962 to Aug 20, 1962 and last saw her alive on Nov 28, 1962
Death occurred at 3:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial23b. DATE
12-23-6223c. NAME OF CEMETERY OR CREMATORY
Fairview Cemetery23d. LOCATION (City, town, or county)
Bates Co., Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Culver-Underwood Butler, Mo.

25. DATE RECD. BY LOCAL REG.

12-22-62

26. REGISTRAR'S SIGNATURE

Norma Jean Wiland

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

10070

3070

3

4 1

5 1

6

7 1

8 2

9 1538

10

11

12 90-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert E. Sturiluck

Licensed Embalmer No. 4652

P. O. Address Butler, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.